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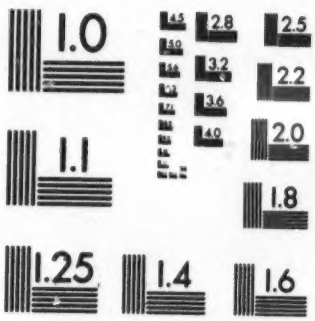

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The Impact of Childhood Cancer:

A Two-Factor Model of Coping

by

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1. The Impact of Childhood Cancer: A Two-Factor Model of Coping.
2. Paper
3. When receiving the existing stress and coping models it becomes apparent that attention has, for the most part, been focused on the distress or "stress management" process. Successful coping within these models is identified as the employment of strategies which allow the individual to adapt to the stress. While stress management has perhaps rightfully taken precedence, the distinct, and for the most part unconsidered dimension of "pleasure management" in stressful situations would seem to require consideration. The author's view stress management and pleasure management as distinct and independent dimensions of the coping process.

The conceptualization of coping reported herein is based upon an analysis of the distress caused by childhood cancer. Over 6000 children in the United States 14 years of age or younger are newly diagnosed each year as having some form of cancer. While current treatment procedures for types of childhood cancer suggest a longer term survival than had previously been the case, approximately 50% of these children will nevertheless die within 3 years of their diagnosis. The course of the illness for those children who reach the 3 year survival mark and beyond involves extremely intrusive treatment procedures. Typically the child is referred to a regionally centralized cancer treatment center remote from his/her home community where definitive diagnosis and immediate hospitalization and treatment occur. After several weeks of uncomfortable treatment procedures involving distressing side effects, the disease will likely be brought into remission and the child discharged. This is followed by regular outpatient treatment and monitoring of the disease process. During the remission period the child appears, for the most part,

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physically normal until such time as a relapse is suffered. At this point the child is re-hospitalized and the sequence begins again; with successive episodes of relapse and remission continuing until eventually the cancer proves resistant to treatment and fails to go into remission.

Contained within the sequence described above are extreme demands on the coping skills of the involved family. The extended survival period and the cyclic nature of remission and apparent normality followed by relapse and re-hospitalization may strain adaptational resources to the limit. A common thread within the literature which investigates this stress is the adverse reaction exhibited by family members. A study by Binger et al (1969) includes reports of inpatient psychiatric care resulting from failure to cope with the illness associated stress. Other investigators further document difficulties in coping (e.g. Bozeman, 1955; Stehbens and Lascari, 1974).

Additional studies point to a previously unconsidered and seemingly independent dimension of coping. Friedman et al (1963), in an extensive observational study, reports a paradoxical situation faced by parents who attempt (or feel the need to) maintain their fund of pleasurable experiences or hedonic capacity. The goal of this "pleasure management" is an effort designed to counteract the depression and anxiety inherent to the situation in order to allow continued functioning in their parental care giving and associated roles. Friedman astutely points out that this maintenance of hedonic capacity (social activity, entertainment, etc.) may be necessary for adequate parental coping and yet is actively challenged by societal expectation for "appropriate" expressions of grimness.

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A similar reference to pleasure management is reported by Futterman and Hoffman (1973). The authors (when reporting that an important factor for their parents was the maintenance of equilibrium in their life) note a particular couple who described themselves as "'making the best of what we've got, carrying on'" and ";still able to enjoy ourselves'" (p. 137). The authors describe this couple as "...(discussing) a common dilemma in wanting to keep things going as before while 'feeling guilty that we're hardhearted' in being able to maintain stability." (p. 137). Perhaps the most succinct statement of this apparent need to maintain pleasurable experiences when dealing with the effects of childhood cancer can be found in the author's quote of a father's reported need to "'appreciate what you've got instead of worrying about what you want to have!'" (p. 141).

Our conceptualization of stress management and pleasure management as independent dimensions rests on empirical work which investigates the structure of mood and psychological well-being. Investigations of mood structure by Tellegen (1980) and Zevon and Tellegen (1980) report two broad independent dimensions underlying mood fluctuation, i.e., positive affect and negative affect. Hall (1977) tested this two-dimensional hypothesis in a study which investigated the relationship of the two mood dimensions to depression and anxiety by assessing the relation of depression to the positive affect dimension and anxiety to the negative affect dimension. Hall's findings revealed a differential relation of the positive and negative affect dimensions to, respectively, reports of depression and anxiety, i.e., the association of depression with low levels of positive affect, and of anxiety with high levels of negative affect. In relating these findings to the question of coping with stress, we identify traditional stress management models as being exclusively concerned with the negative affect dimension, i.e., concerned with adjusting to the presence of

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high levels of negative affect. This focus of traditional coping models, we would argue, ignores the second and equally important dimension of positive affect. It should also be noted that Hall's findings in regard to the association of low levels of positive affect and depression are echoed in studies which investigate the relationship between mood and pleasant and unpleasant events (e.g. Rehm,1978).

The dimensions of positive and negative affect are not unique to investigations of mood and have appeared in a number of other areas. Studies by Bradburn and Caplovitz (1965) and Lowenthal, Thurner and Chiriboga (1975) have identified the positive and negative affect dimensions as independent contributors to subjective well-being. The findings of Costa and McCrae (1980) show the differential relationship of extraversion and neuroticism to, respectively, the positive affect and negative affect dimensions and further illustrate the utility of these two dimensions in predicting an individual's happiness 10 years in the future. The results of these investigations point to the fact that the positive and negative affect dimensions relate in a simple structure fashon to distinct and important psychological processes such as mood, anxiety, and depression as well as major dimensions of personality.

This relational fertility would appear to generalize to the domaim of coping, and yet little attention has been directed to the role of positive affect or pleasure management in the coping process. It is our contention that the role of pleasure management as a distinct contributor to coping with stress is evident in the childhood cancer literature, and we would argue for a broader conceptualization of coping to include the independent contribution of pleasure management to the overall coping process.

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